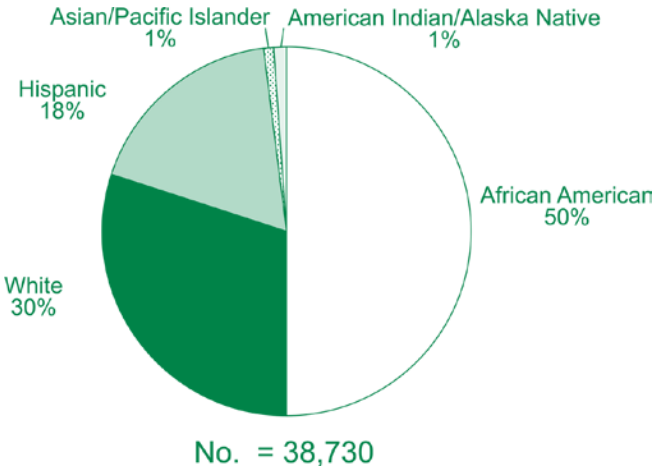
THE IMPACT OF HIV/AIDS

IN THE AFRICAN AMERICAN COMMUNITY

THE FACTS

Among diseases that disproportionately affect African Americans, HIV/AIDS has had a particularly devastating effect. At every stage—from HIV diagnosis through the death of persons with AIDS—the hardest-hit racial or ethnic group is African Americans. Overall, even though African Americans make up only approximately 13% of the US population, one half of the estimated new numbers of HIV/AIDS diagnoses in the United States in 2004 were for African Americans [1].*

Race/ethnicity of adults and adolescents with HIV/AIDS diagnosed in 2004



Note. Based on 35 areas with long-term, confidential, name-based HIV reporting.

AIDS has become a leading cause of death for African Americans. In 2002 (the most recent year for which data are available), HIV/AIDS was the second leading cause of death for all African Americans aged 35–44 [2]. In the same year, HIV/AIDS was the number 1 cause of death for African American women aged 25–34 [2].

In 2002, HIV/AIDS was the number 1 cause of death for African American women aged 25-34.

The cumulative toll (from the beginning of the epidemic through 2004) of AIDS is sobering.

- Of the almost 1 million cases of AIDS diagnosed in the United States and its dependencies, possessions, and associated nations, 40% were in African Americans [1].
- Of the more than half a million people with AIDS who have died, 38% were African Americans [1].

It is not an exaggeration to say that HIV/AIDS is an epidemic in the African American community.

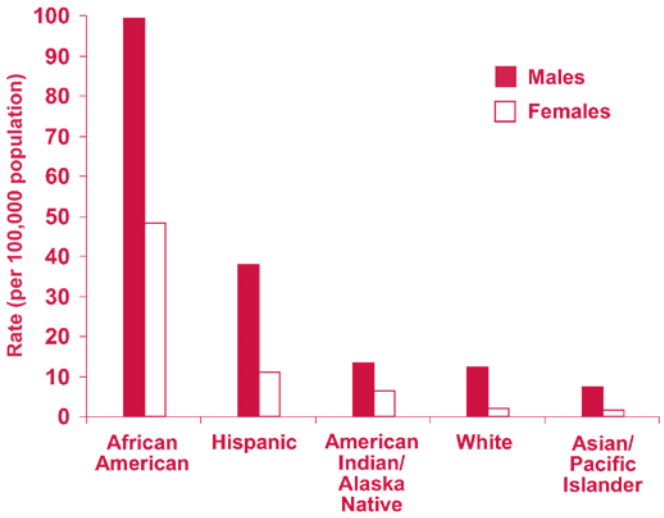
- African Americans have accounted for 40% of AIDS diagnoses since the beginning of the epidemic [1].
- African Americans with AIDS do not live as long as people in other racial or ethnic groups who have AIDS [1].
- In 2004, more African American children (under the age of 13) were living with AIDS than were children of all other races and ethnicities living with AIDS combined [1].

* The estimated number of new HIV/AIDS diagnoses is derived from 35 areas with long-term, confidential name-based HIV reporting. The 35 areas include the US Virgin Islands, Guam, and 33 states: Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

TRANSMISSION

Even though the rate of HIV/AIDS diagnoses among African Americans declined about 5% per year during the past few years, HIV/AIDS affected African Americans more than any other racial or ethnic group [3].

Estimated rates (per 100,000 population) of AIDS, by race/ethnicity and sex, 2004



African American Women

African American women, a term that includes adults and adolescents, are especially hard hit by HIV/AIDS. During 2001–2004, African American women accounted for 68% of HIV/AIDS diagnoses for women in the 33 states with long-term, confidential name-based HIV reporting [3].

- More than three fourths of the HIV/AIDS cases diagnosed for African American women during 2001–2004 were caused by heterosexual contact [3]. Injection drug use accounted for almost one fifth of the cases [3].
- In 2004, the rate of AIDS diagnoses for African American women was 23 times the rate for white women and 4 times the rate for Hispanic women [1].

African American Men

During 2001–2004, African American men, a term that includes adults and adolescents, accounted for 44% of HIV/AIDS diagnoses in men in the 33 states with long-term, confidential name-based HIV reporting [3].

- Most African American men are infected with HIV through male-to-male sexual contact. Almost half of the cases of HIV/AIDS diagnosed for African American men during 2001–2004 were caused by male-to-male sexual contact [3]. Heterosexual contact accounted for one quarter of the cases [3].
- In 2004, the rate of AIDS diagnoses for African American men was 8 times the rate for white men and 3 times the rate for Hispanic men [1].

African American Children and Youth

The perinatal transmission of HIV (that is, transmission from mother to child during pregnancy, labor, delivery, or breastfeeding), has declined dramatically during the past decade for all races and ethnicities. In 2004, an estimated 145 infants were perinatally infected with HIV/AIDS—down from more than 1,700 in the early 1990s [1]. In spite of the reductions in perinatal transmission, African American children and youth remain at risk.

- In 2004, almost three quarters of all diagnoses of perinatally acquired HIV/AIDS were for African Americans (CDC, HIV/AIDS Reporting System, unpublished data, June 2005).
- In 2004, the rate of AIDS diagnosis for African American children (under the age of 13) was 4 times that for white and Hispanic children [1].
- Among young people, African Americans have been most affected by HIV, accounting for 56% of all HIV infections reported among those aged 13–24 in areas with confidential HIV reporting [4].

PREVENTION CHALLENGES

HIV Transmission among Men Who Have Sex with Men

African American men are most likely to be infected with HIV as a result of sex with other men [1]. In a recent study of men who have sex with men (MSM) in 5 cities participating in CDC's National HIV Behavioral Surveillance, 46% of the African Americans were HIV-positive, compared with 21% of the whites and 17% of the Hispanics. The study also showed that of the participating MSM who tested positive for HIV, 64% of the African American men, 18% of the Hispanic men, 11% of the white men, and 6% of multiracial/other men were unaware of their HIV infection [5]. Studies such as this point to a continued need for culturally appropriate prevention messages and encouragement for regular HIV testing.

Heterosexual Transmission

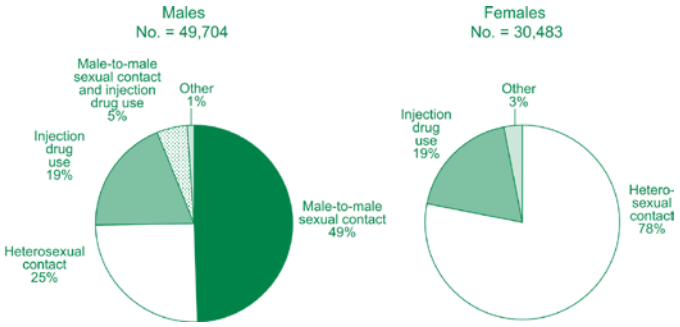
African American women are most likely to be infected with HIV as a result of sex with men [1]. They may not know of their male partners' possible risks for HIV infection, such as unprotected sex with multiple partners, bisexuality, or injection drug use [6,7]. In a study of HIV-infected persons, 34% of African American MSM reported having had sex with women, even though only 6% of African American women reported having had sex with a bisexual man [8].

Because of the stigma of homosexuality, a significant number of African American MSM identify themselves as heterosexual [9,10]. As a result, they may not relate to prevention messages crafted for men who identify themselves as homosexual.

Substance Use

Injection drug use is the second leading cause of HIV infection for African American women and the third leading cause of HIV infection for African American men [1]. In addition to being at risk from sharing needles, casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [11]. Drug use can also affect treatment success. A recent study of HIV-infected women found that women who used drugs, compared with women who did not, were less likely to take their antiretroviral medicines exactly as prescribed [12].

Transmission categories for African American adults and adolescents with HIV/AIDS diagnosed during 2001–2004



Note. Based on data from 33 states with long-term, confidential HIV reporting.
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. MMWR 2005;54:1149–1153.

Sexually Transmitted Diseases

The highest rates of sexually transmitted diseases (STDs) are those for African Americans. In 2004, African Americans were about 19 times as likely as whites to have gonorrhea and about 6 times as likely to have syphilis [13]. The presence of certain STDs can increase the chances of contracting HIV 3- to 5-fold. Similarly, a person who has both HIV and certain STDs has a greater chance of spreading HIV to others [14].

Socioeconomic Issues

In 1999, nearly 1 in 4 African Americans were living in poverty [15]. Studies have found an association between higher AIDS incidence and lower income [16]. The socioeconomic problems associated with poverty, including limited access to high-quality health care and HIV prevention education, directly or indirectly increase HIV risk.

CDC RESPONSE

In the United States, the annual number of new HIV infections has declined from a peak of more than 150,000 in the mid-1980s and has stabilized since the late 1990s at approximately 40,000. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention (AHP) (http://www.cdc.gov/hiv/partners/AHP), in 2003. This initiative is focused on helping people learn their HIV serostatus through testing, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission. In addition to AHP, other CDC initiatives address the disproportionate effect that HIV/AIDS has on the African American community.

- CDC established the National HIV/AIDS Partnership, which brings together influential leaders in business, the arts, media, and communities to address the HIV/AIDS epidemic.
- CDC established the African American Working Group to focus on the urgent issue of HIV/AIDS in African Americans. The working group will develop a comprehensive plan to guide CDC's efforts to increase and strengthen HIV/AIDS prevention and intervention activities directed toward African Americans.

CDC is also engaged in a wide range of activities to decrease the incidence of HIV/AIDS in African Americans. For example, CDC

- Funds demonstration projects evaluating rapid HIV testing in historically black colleges and universities
- Performs epidemiologic research focused on African Americans, including
  - Brothers y Hermanos, a study of black and Latino MSM, conducted in Los Angeles, New York, and Philadelphia, that aims to identify and understand risk-promoting and risk-reducing sexual behaviors
  - Women's Study, a study of black and Hispanic women in the southeastern United States that examines relationship, cultural, psychosocial, and behavioral factors associated with HIV infection
- Funds and monitors community-based organizations (CBOs) that provide services to African Americans
- Creates social marketing campaigns, including those focused on HIV testing, perinatal HIV transmission, and the reduction of HIV transmission to partners
- Creates, distributes, and evaluates scientifically based interventions, including
  - POL (Popular Opinion Leader), which identifies, enlists, and trains key opinion leaders to encourage safer sexual norms and behaviors within their social networks. POL has been adapted for African American MSM and shown to be effective.
  - SISTA (Sisters Informing Sisters About Topics on AIDS), a social-skills training intervention in which peer facilitators help African American women at highest risk reduce their HIV sexual risk behaviors.
  - Many Men, Many Voices (3MV), an STD/HIV prevention intervention for gay men of color that addresses cultural and social norms, sexual relationship dynamics, and the social influences of racism and homophobia.
- Funds state and local health departments to monitor the epidemic and carry out programs in their jurisdictions

CDC, through the Minority AIDS Initiative (http://www.cdc.gov/programs/hiv09.htm), addresses the health disparities experienced in the communities of minority races and ethnicities at high risk for HIV. These funds are used to address the high-priority HIV prevention needs in such communities. CDC provides intramural training for researchers of minority races and ethnicities through a program called Research Fellowships on HIV Prevention in Communities of Color. Additionally, recognizing the importance of conducting culturally competent research and programs, CDC established the extramural Minority HIV/AIDS Research Initiative (MARI) in 2002 to create partnerships between CDC epidemiologists and researchers who

are members of minority races/ethnicities and who work in communities of color. MARI funds epidemiologic and preventive studies of HIV in minority communities and encourages the career development of young investigators. CDC invests $2 million per year in the program and since 2003 has funded 13 junior investigators at 12 sites across the country [17].

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For more information . . .

CDC HIV/AIDS
http://www.cdc.gov/hiv
CDC HIV/AIDS resources

CDC-INFO
1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources
http://www.hivtest.org
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)
1-800-458-5231
http://www.cdcnpin.org
CDC resources, technical assistance, and publications

AIDSinfo
1-800-448-0440
http://www.aidsinfo.nih.gov
Resources on HIV/AIDS treatment and clinical trials